DOCUMENT RESUME

ED 294 346 EC 202 514

AUTHOR Harris, Walter J.; Kierstead, John T.
TITLE The Education of Behaviorally Handicapped Students in Maine.
SPONS AGENCY Maine State Dept. of Educational and Cultural Services, Augusta.; Maine Univ., Orono. Coll. of Education.
PUB DATE Apr 85
NOTE 87p.
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Behavior Disorders; Educational Needs; Educational Practices; Elementary Secondary Education; *Individualized Education Programs; Mainstreaming; *Referral; Resource Room Programs; Special Classes; Special Education; Special Schools; State Programs; *Student Evaluation; *Student Placement; Teacher Certification; Teacher Selection
IDENTIFIERS *Maine

ABSTRACT

The report examines the status and needs of behaviorally handicapped students in Maine. It describes the referral and identification process, program characteristics, current problems and issues. The first section presents statistics related to prevalence, types of programs received, costs of special education, and the certification and supply of special education teachers. The second section describes a study of 94 randomly selected behaviorally handicapped students receiving special education programs. Discussed are reasons for referral, the referral process, assessment procedures, and major components of the individualized education program (IEP) for students assigned to resource programs, special education classrooms, and residential treatment centers. Among conclusions are the following: most behaviorally handicapped students were initially referred to special education prior to the end of the third grade; one-third of the sample reported contact with state and community services; the determination that a student is behaviorally handicapped was often made without systematically obtained assessment data; most (58%) students were viewed by teachers as having significant learning problems in addition to behavioral handicaps; students were mainstreamed an average of 28% of their school day; most elementary resource teachers were certified in the area of learning disabilities; and, achievement tests and tests of intelligence were the most frequently used measures of student progress. (DB)

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ED294346

THE EDUCATION OF BEHAVIORALLY HANDICAPPED STUDENTS IN MAINE

April, 1985

BY

WALTER J. HARRIS

AND

JOHN T. KIERSTEAD

This research was supported by a grant from the Maine Department of Education and Cultural Services, Augusta, Maine, and by the College of Education, University of Maine at Orono.

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ACKNOWLEDGEMENTS

Our gratitude is expressed to David N. Stockford, Director of Special Education, Maine Department of Education and Cultural Services, and Edward C. Hinckley, Director of Childrens' Services, Department of Mental Health and Mental Retardation who assisted in the shaping of this study and ultimately secured funding for it.

Chris Hamilton and David Mercier also earned our thanks for their relentless pursuit of data.

Finally, thanks to the many Directors and Coordinators of Special Education, throughout Maine who provided us with ample amounts of their time and access to the data on which this study is based.

W.J.H.
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April, 1985

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The Education of Behaviorally Handicapped Students In Maine

1.0. Introduction

This report is about children who generate intense and often unpleasant emotional responses in the people around them. In their families, they stimulate high levels of stress, anxiety, resentment, and guilt. Their parents are often confused and bewildered by the responsibility of managing their child's behavior. Their energies are drained in responding to the incriminations and negative feedback they receive about their competence as parents. They often become victims of their child's behavior in school, in their neighborhood, and in their community.

In school, the most capable and devoted teachers and principals are often frustrated and angered when their attempts to provide a sound educational program are met with various forms of extreme behaviors which might include verbal abuse, physical abuse, or withdrawal. Frustration and anger are often accompanied with by a sense of helplessness as they see the quality of education provided to other students in the same classroom begin to decline. These children are ignored and/or rejected by their peers. Their academic achievement is generally below average, and typical behavior management strategies seem ineffective.

Social behavior, which ranges from extreme withdrawal to high levels of physical and verbal aggression, is the critical factor

which differentiates these children from others. Clearly, they are not happy children. Their behavior toward others has led to conflicts with parents, teachers, and peers, and with other significant individuals and social institutions. These conflicts have resulted in their exclusion from the common sources of support for academic and intellectual growth, social activities, and recreational opportunities.

Special education programs are provided to children in Maine's schools who are handicapped by their behavior. This report is an exploration and description of the education of behaviorally handicapped students in Maine. It will provide an overview of the current status; describe the process which leads these children to special education programs; identify the characteristics of these programs; and highlight current problems and issues. This report has three major goals:

a. To provide an overview of the provision of educational services to behaviorally handicapped students in Maine's public schools and residential treatment centers;

b. To describe the results of a systematic examination of the educational files of 94 randomly selected, behaviorally handicapped students receiving educational services in resource programs, special education classrooms, and residential treatment centers; and

c. To highlight problems and issues deserving of consideration in the future planning of services to behaviorally handicapped students.

2.0 Defining Behavior as a Handicapping Condition

Deciding which students should receive special education services for behavioral handicaps is a long-standing problem faced by educators in Maine and in all other states. Not only are the criteria used to determine whether or not a student is behaviorally handicapped markedly different from state-to-state, but even the terminology used to describe these children varies substantially. A sample of the descriptors commonly used includes the terms emotionally disturbed, emotionally impaired, emotionally handicapped, socially maladjusted, behaviorally handicapped and behavior disordered.

The Federal government, in PL 94-142 (The Education for All Handicapped Children Act of 1975), charges the states with the responsibility of providing educational services to this population which is described as "seriously emotionally disturbed."

> "Seriously emotionally disturbed" is defined as follows:
>
> (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

(a) an inability to learn which cannot be explained by intellectual, sensory or health factors;

(b) an inability to build or maintain satisfactory interpersonal relationship with peers and teachers;

(c) inappropriate types of behavior or feelings under normal circumstances;

(d) a general pervasive mood of unhappiness or depression; or

(e) a tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed. (Federal Register Vol. 42, 1977, p. 42478, as amended in Federal Register, Vol. 46, 1981, p. 3866.)

The subjective and often contradictory nature of this definition has provoked extensive controversy in professional literature (Kauffman, 1984), and undoubtedly contributed to the questionable reliability of prevalence estimates for this group of handicapped students. However, since the passage of PL 94-142 each state has enacted legislation which requires that LEAs comply with the Federal requirements. Many have generated definitions of "seriously emotionally disturbed" which vary only slightly from the Federal definition. Others have written different definitions in an attempt to provide better guidelines for identification and placement.

Maine's definition varies markedly from the Federal definition of "seriously emotionally disturbed." Students who are designated by a Pupil Evaluation Team (PET) as "Exceptional Children," and whose primary handicapping condition is "behavior" are among those who are eligible to receive special education services. In order to reach this decision, the PET must match the characteristics of the student with the description of "behavior" as a handicapping condition as described in Maine's Special

Education Regulations and Guidelines.

> "The child exhibits affective, reactive, and/or maladaptive behavior(s) to a marked extent and over a significant part of the school day or year, that significantly interferes with the child's learning or that of other children; specialized education programs and/or services are required to provide for the child's educational progress and potential." (Maine Department of Education and Cultural Services, 1981).

Although several questions and issues will be raised regarding this definition later in this report, several notable points must be made at the outset to provide an orientation to the characteristics of the students whose programs were studied by this project.

a. Maine's definition does not label children as "emotionally handicapped," "seriously emotionally disturbed," "socially maladjusted," or "behavior disordered." Instead, the Pupil Evaluation Team (PET) must decide whether or not the child's behavior is a handicap to learning.

b. Maine's definition does not rule out the presence of mental retardation, learning disabilities, or other handicapping conditions which may exist concurrently.

c. Maine's definition does not specify methods of measurement or specific testing procedures for identification or assessment.

In this report, to facilitate communication, students whose behavior has been determined by a Pupil Evaluation Team to be a handicapping condition will be described as "behaviorally handicapped."

3.0. Providing Services to Behaviorally Handicapped Students in Maine: The Scope of the Problem

3.1. Prevalence

Estimating the prevalence of behaviorally handicapped students in the public schools is an important step in projecting the costs of special education programs, including the need for facilities and trained personnel. However, since the definition of "behaviorally handicapped" is highly subjective, and there is no agreement on identification procedures, students are identified in many different ways. As a result, prevalence estimates are always subject to question, particularly when compared to the actual number of behaviorally handicapped students receiving special education services.

The U.S. Department of Education estimates that approximately 2% of the school-age population is seriously emotionally disturbed and will need special education services. However, most experts feel that this is a very conservative figure and agree that a more realistic estimate may be between 6% and 10% (Kauffman, 1984). This argument is largely academic since the U.S. Department of Education reports that only about 0.9% of the school-age population is receiving services as emotionally disturbed (U.S. Department of education, 1984). Kauffman (1984) suggests that it is unreasonable to think that a 2% prevalence figure will ever be reached since such an increase would more than double the excess costs that the Federal government is

currently reimbursing the states.

In Maine, 4,125 behaviorally handicapped students were reported to the Federal government in the 1983-1984 school year. This figure includes 3,684 students educated in Maine's public schools and 477 students educated in state supported or state operated programs (Table 3.1a). These programs include the educational services provided at Augusta Mental Health Institute and Bangor Mental Health Institute and at residential treatment centers such as Spurwink School, Sweetser-Children's Home, Elan, Western Maine Counselling Center, and Homestead. These students constitute 1.83% of the school-age population and 15.23% of the total handicapped student group in Maine.

Table 3.1b reports the total number of handicapped students, and those who were reported as behaviorally handicapped in Maine counties during the 1983-1984 academic year.

In examining these data it is important to remember that the national average was 8.33% while the state average was 15.23% of the total handicapped population. The range is from a low of 8.38% (Waldo county), to a high of 26.25% (Androscoggin county). Waldo and Aroostook counties are closest to the national average of 8.33%; while Sagadahoc (15.15%), Somerset (15.34%) and Piscataquis (15.7%) counties most closely approximate the state average of 15.23%.

3.2 Prevalence Trends

Between the 1976-77 and the 1982-83 academic years, the number of behaviorally handicapped students in Maine increased 45.5%,

Table 3.1a

Comparison of National and Maine Summaries of Behavior Disordered Students Receiving Special Education and Related Services Under P.L. 94-142 P.L. 89-313 During 1983-84 (U.S. Department of Education, 1984)

National				Maine			
P.L. 94-142	Total	*% of Pop.	% of Handicapped	P.L. 94-142	Total	**% of Pop.	% of Handicapped
Behavior Disordered	320,496	.71	7.8	Behavior Disordered	3,648	1.62	14.3
Total Handicapped	4,095,125	9.15	---	Total Handicapped	25,582	11.36	---
P.L. 89-313				P.L. 89-313			
Behavior Disordered	41,486	.09	16.8	Behavior Disordered	477	.21	32.1
Total Handicapped	247,031	.55	---	Total Handicapped	1,487	.66	---
Combined				Combined			
Behavior Disordered	361,928	.80	8.33	Behavior Disordered	4,125	1.83	15.23
Total Handicapped	4,342,156	9.70	---	Total Handicapped	27,069	12.03	---
*Total National School Age Population 44,750,000				**Total Maine School Age Population 225,000			

Table 3.1b

Behavior Disordered Students By County As a Percent of Total Handicapped in the County Educated In Public Schools During 1983-84

County	Total Handicapped	Behaviorally Disordered	Percent of Total Handicapped
Androscoggin	1,886	495	26.25
Aroostook	1,893	166	8.77
Cumberland	4,295	739	17.21
Franklin	576	123	21.35
Hancock	963	124	12.88
Kennebec	2,374	290	12.22
Knox	616	87	14.12
Lincoln	898	99	11.02
Oxford	1,505	217	14.42
Penobscot	2,953	345	11.68
Piscataquis	331	52	15.71
Sagadahoc	957	145	15.15
Somerset	1,310	201	15.34
Waldo	680	57	8.38
Washington	1,042	149	14.30
York	3,303	359	10.87
Total	25,582	3,648	14.26

*Figures are not available by County for P.L. 89-313

Source: Maine Department of Educational and Cultural Services, Enrollment of Handicapped Pupils, December 1, 1983 Count, EF-S-05.

while the all handicapped population increased only 11.7% (U.S.Department of Education, 1984). Nationally, the increase in behaviorally handicapped students was 24.9% (Table 3.2a), and all handicapping conditions increased 15.9% (U.S. Department of Education, 1984a). Reasons given for this increase in the Sixth Annual Report to Congress (U.S. Department of Education, 1984b) included:

a. Efforts of states and local governments to identify and serve underserved students; and
b. Many behaviorally handicapped students, previously in the care of other agencies, were transferred back to LEAs.

Although Table 3.2a illustrates an increase of 3.4% nationally in the number of behaviorally handicapped students receiving educational services between the academic years 1981-82 and 1982-83, during this same period Maine experienced a decrease of 2.1%.

Among the New England states, only Maine and Rhode Island have experienced an increase in the total number of handicapped students served between the academic years 1982-83. The percent of the all handicapped population represented by behaviorally handicapped students has decreased in all New England states except Connecticut. These data are displayed in Table 3.2b.

The number of behaviorally handicapped students in Maine has been declining slightly each year since a high of 4,446 students

Table 3.2a

Number and Change in Number of Children Ages 3-21 Years Served
Under P.L. 89-313 and P.L. 94-142

Emotionally Disturbed

State	Number			Changes in Number Served			Percent Change in Number Served	
	1976-77	1981-82	1982-83	1982-83 1976-77	1982-83 1981-82	1982-83 1976-77	1982-83 1981-82	
Maine	2,904	4,317	4,225	1,321	92	45.5	-2.1	
U.S. and Territories	283,072	341,786	353,431	70,359	11,645	24.9	+3.4	

Source: "To Assure the Free Appropriate Public Education of All Handicapped Children" Sixth Annual Report to Congress on the Implementation of P.L. 94-142: The Education of All Handicapped Children Act. United States Department of Education, 1984.

Table 3.2b

A Comparative Analysis of Behavior Disordered Students in New England

State	All Handicapped	Behavior Disordered	Percent of Behaviorally Disordered to Handicapped	Percent Change in Numbers of Behavior Disordered Served 1981-82 - 1982-83
ME	26,485	4,225	15.9	-2.1
MA	138,480	18,970	13.6	-1.0
NH	14,143	1,197	8.4	-1.0
RI	18,598	1,165	6.2	-3.6
VT	9,309	393	4.2	-12.9
CT	66,010	13,089	19.8	+6.2

National Average 8.9%

Source: Report of Handicapped Children receiving special education and related services as reported by State Agencies under P.L. 94-142 and P.L. 89-313 - School Year 1983-84. United States Department of Education, October, 1984.

in 1980-81. Between the 1981-82 and 1982-83 school years a decline of 2.1% was noted. This trend is congruent with the other states in the Northeast with the exception of Connecticut which reported an increase of 6.2%. Nationally, there was an increase of 8.9% in the number of behaviorally handicapped students during the same time period.

3.3 Age and Grade Trends in Maine Schools

An analysis of 1983-84 special education enrollment data displayed in Table 3.3a reveals that as the age of student groups increase, the number of behaviorally handicapped students also increases until about the age 15 years . Examination of the entire school age spectrum reveals that the age group reflecting the largest number of behaviorally handicapped students is the 12 to 15 year old group, i.e.:

12 year olds	353 students
13 year olds	359 students
14 year olds	370 students
15 year olds	352 students
Total	1434 students

This total represents 39.3% of the 3648 behaviorally handicapped students served by the public schools in the 1982-83 school year, or 19.1% of the total handicapped population in this age span.

Further analysis of the data in Table 3.3a reveals that the

Table 3.3a

Maine Department of Educational and Cultural Services
1983-84 Enrollment of Handicapped Pupils
State Totals

Major Handicapping Condition / AGE	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Total
1. Mental Development or Maturation	38	83	178	189	234	274	279	289	310	355	336	369	354	349	317	273	114	30	2	4383
2. Audition (Hearing Impaired)	11	8	17	15	17	14	23	14	13	14	19	14	15	12	12	11	5	2	-	236
3. Audition (Deaf)	4	3	4	6	6	3	-	2	3	5	4	5	5	4	2	3	5	-	-	65
4. Speech & Language (Speech Impaired)	175	466	792	1095	950	946	669	412	301	196	159	90	62	41	36	18	5	-	1	6414
5. Vision (Visually Impaired)	9	9	8	8	7	5	8	3	5	8	3	8	9	12	11	7	2	1	1	122
6. Behavior (Emotionally Handicapped)	27	43	43	47	104	186	254	262	294	327	353	359	370	352	315	210	113	28	4	3648
7. Physical Mobility (Orthopedic)	12	41	18	34	40	46	44	25	23	21	15	13	16	18	14	14	3	-	-	397
8. Other Health Impaired	7	11	11	8	11	17	15	19	15	18	26	24	25	33	29	13	3	-	-	285
9. Cerebral or Perceptual	10	26	62	255	548	790	852	963	929	1033	896	795	789	622	495	292	53	7	-	9417
10. Deaf/Blind	-	-	2	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	4
11. Multihandicapped	35	43	50	45	42	42	39	42	32	41	32	34	32	22	30	32	15	3	1	612
12. TOTALS	338	733	1189	1759	2041	2391	1291	2063	1958	2044	1849	1722	1660	1429	1156	776	233	46	4	25582

Major Handicapping Function	3-5	6-17	18-21	Total	Percent
1. Mental Dev. or Maturation	309	3655	419	4383	17.13
2. Audition (Hearing Impaired)	36	182	18	236	.92
3. Audition (Deaf)	11	45	8	64	.25
4. Speech & Language -Speech Imp.	1433	4957	24	6414	25.07
5. Vision (Visually Impaired)	26	87	9	122	.48
6. Behavior (Emotionally Handi.)	117	3386	145	3648	14.26
7. Physical Mobility (Orthopedic)	71	309	17	397	1.55
8. Other Health Impaired	29	240	16	285	1.11
9. Cerebral or Perceptual	98	8967	352	9417	36.81
10. Deaf-Blind	2	2	-	4	.02
11. Multihandicapped	128	433	51	612	2.39
12. Totals	2260	22263	1059	25582	100.00

Source: Maine Department of Educational and Cultural Services, Enrollment of Handicapped Pupils, December 1, 1983 Count - EF-S-05.

largest increase in any one age group is 206 behaviorally handicapped students between ages 5 and 8 years. The greatest increase between any grade levels occurs between the first and second grades (82 students).

3.4 Educational Services Provided to Behaviorally Handicapped Students in Maine Schools

Although the state reported 4,125 behaviorally handicapped students to the Federal government as "seriously emotionally disturbed," on the December 1st count in 1983; the end of the year count-by-program yielded 4,242 students. This discrepancy is due to a recent change from duplicate count-by-program to non-duplicate count-by-program procedures. The data reported in this section is based on the more accurate non-duplicate count data which yielded 25,879 handicapped students, 4,242 of which were reported as behaviorally handicapped.

During the 1983-84 school year educational services were provided to behaviorally handicapped students in the following placements:

Number of Programs	Program Types
516	Resource Program
189	Composite Classrooms
55	Self-Contained Classrooms
21	Regional Day Programs

The number of students served in each type of program is

Table 3.4a

Number of Handicapped and Behaviorally Handicapped Students

Served in Six Types of Placements During 1983-84

Type of Placement	Number of Handicapped Students Enrolled	Number of Behaviorally Handicapped Students	Percent of all Handicapped Students
Resource Room	18,046	2,818	15.6%
Composite Programs	2,401	461	18.7%
Self Contained Classroom	2,293	443	19.7%
In-School Tutorial Programs	1,189	201	16.9%
Regional Day Programs	1,018	166	16.3%
Home and Hospital Instruction	932	153	16.4%
Totals	25,879	4,242	103.6%

indicated in Table 3.4a. In addition, 224 students were placed in 6 residential treatment centers, 102 in 2 state institutions, and 69 in the 1 correctional facility. Contracted services in the 1983-84 academic year provided educational services to 9,999 students; 30.3% or 3093 of these students were behaviorally handicapped (MDECS, 1984a).

3.5 Costs of Educating Behaviorally Handicapped Students in Maine

The cost of educating behaviorally handicapped students in the public schools is difficult to separate from the average cost of educating all handicapped children. However, more accurate estimates for the behaviorally handicapped can be made for those who were enrolled in residential treatment centers.

The average tuition rate for non-handicapped elementary students in 1983-84 was $1,735.03. The rate for secondary students during the same year was $2,279.56 (MDECS, 1984b). Dividing the cost of educating all exceptional students in local, non-tuition, public school programs for 1983-84 by the number of students in these programs results in an average cost of $974 per handicapped student. When added to the average tuition rate for elementary students the total average cost for a handicapped student is $2,709.03; for handicapped secondary students, $3,253.56. These average costs would represent the mildly and moderately handicapped student who is provided educational services in an in-district resource program, composite program, or self-contained classroom. Again, these figures are based on the costs of educating all handicapped students and include the

costs of the behaviorally handicapped.

During 1983-84, 1,347 students were tuitioned to public and private programs at a cost in excess of six million dollars. The average cost for each student was $4,500.75 (MDECS, 1984c). These figures, too, reflect all handicapping conditions.

The average cost of educating a non-behaviorally handicapped student in private day schools in 1983-84 was $6,772, while the average approved cost of educating a behaviorally handicapped student in a residential treatment center was $7,753 for tuition, $10,308 for treatment and $8,703 for board and care. The total average cost for residential treatment center placement was $26,763 (Table 3.5a). These averages were for Elan, Homestead, Spurwink, and Sweetser. The average tuition costs in day treatment programs (P.A.S.S., Southern Penobscot Regional Program, Western Maine Counseling, Regional Educational Treatment Center, S.O.S. (Success of Students), Spurwink Regional Day Treatment, and Sweetser Day Treatment) was $7,515 in 1983-84 (Table 3.5b). Compared to the average residential tuition rate of $7,753, the cost of educational services in these programs does not differ significantly.

Residential treatment costs for the four programs previously mentioned have increased by 18.9% or $5,075 since 1980-81. In 1980-81, the cost was $21,688; the average cost in 1983-84 was $26,763. In 1980-81, the average tuition cost was $6,793 and in 1983-84 it was $7,753, an increase of 12.3% or $960 (MDECS, 1984e,f,g).

Table 3.5a

Residential Treatment Centers

1983-84 Approved Rates

RTC	Board/Care	Treatment	Special Education	Total
Elan	$ 6,424	$10,731	$ 5,684	$22,83
Homestead	8,568	8,972	7,614	25,15
Spurwink	9,423	8,360	7,548	25,33
Sweetser	10,397	13,168	10,164	33,72
Simple Average	8,703	10,308	7,753	26,76

Source: Interdepartmental Coordinating Committee, (ICC), Rate Setting Committee, Approved 1983-84 Residential Treatment Center Rates

Table 3.5b

Average Tuition Costs in Selected
Day Treatment Programs
1983-84

Project PASS - (Belfast)

PASS = Programmed Alternatives for School Success
$4,571 per student

Western Maine Counseling - (Bridgton)

$7,356 per student

Southern Penobscot Regional Program - (Old Town)

$8,054.17 per student

Spurwink Regional Day Treatment Program - (Portland)

$8,006 per student

Regional Educational Treatment Center - RETC (Auburn)

$5,537 (175 days) per student

Sweetser Day Treatment Program - (Saco)

$12,585 per student

SOS - (Auburn)

SOS = Success of Students
$37.11 per day or $6,494.25 a year per student

Source: Director of Special Education or Project Coordinator.
Telephone contact and Division of Special Education (MDECS) tuition data.

Note: Division of Special Education,
Maine Department of Educational and Cultural Services does not establish rates for day treatment.

3.6 Teachers of Behaviorally Handicapped Students in Maine

The educational programs of moderately and severely handicapped students in Maine's schools are designed and implemented by teachers certified in special education. Therefore, the number of teachers certified in special education, and in each categorical area, is a gross measure of the quantity and quality of educational services being provided.

The number of special education teachers employed during the 1982-83 school year to teach handicapped students was 1,931; 596 taught learning disabled students; 498 taught mentally retarded students; while 345 taught the behaviorally handicapped (MDECS, 1983g).

In 1983-84, 414 teachers reported teaching behaviorally handicapped students, an increase of 69 teachers from the previous year, while the total number of behaviorally handicapped students reported to MDECS during this period declined (Table 3.2a). These teachers represented 1.72% of the total number of teachers in Maine during this period.

Of the 414 teachers who reported teaching behaviorally handicapped students in Maine in 1983-84, 172 or 41.55% received their initial training out-of-state. The University of Maine at Farmington provided the second greatest number of teachers (98 or 23.67%); while the University of Maine at Orono provided 68 teachers (16.43%) certified in this area (Table 3.6a).

The student-teacher ratio for all handicapped students in Maine is 16 to 1, while the national average is 18 to 1. The data for behaviorally handicapped students in Maine reflects a

Table 3.6a

Initial Degrees for Teachers of Behavior Disordered

1983-84

Initial Degree	Number of Teachers of Behavior Disordered	Percent of Teachers of Behavior Disordered
University of Maine at Farmington	98	23.67%
University of Maine at Orono	68	16.43%
University of Southern Maine Portland/Gorham	41	9.90%
Non-Maine Institutions	172	41.55%
Other Maine Institutions	35	8.45%
Total	414	100.00%

Source: Department of Management Information, Maine Department of Educational and Cultural Services, Staff Information Survey, 1983 (EF-M-15).

teacher-student ratio of 9.9 to 1, while the national average is 14 to 1.

There exists a shortage of special education teachers in Maine (MDECS, 1985j), including teachers of the behaviorally handicapped. The Division of Teacher certification, MDECS, listed 357 vacancies in special education in 1983. In 1984 this figure increased to 622. This 1984 figure represents 22% of all vacancies in education at that time (2817). Although all special education teachers seeking employment do not register with the Division of Teacher Placement, 56 teachers registered in 1983, and 53 registered in 1984. This decline in registrants in the face of a doubling in demand supports the contention that a serious shortage of certified special education teachers exists in Maine.

This shortage of certified special educators has resulted in a heavy reliance by school administrative units on conditionally certified teachers. During the 1982-83 school year, twenty conditional certificates were issued in Behavior Disorders (emotionally handicapped). In the 1983-84 school year, 31 conditional certificates were issued (MDECS, 1984j).

4.0 A Survey of a Selected Sample of Behaviorally Handicapped Students: Purpose and Rationale

Children and youth whose behavior interferes with their own learning and the learning of others are perhaps the most subjectively defined and randomly treated handicapped students in the public schools. Cognitive or perceptual dysfunctions are minor considerations if they exist at all in behaviorally handicapped students. Most behaviorally handicapped students are not intellectually, physically or sensorially impaired as are other groups of handicapped students whose more visible handicaps prompt quick referral to special education services. However, the general normalcy of physique and intellectual functioning of behaviorally handicapped students belies the havoc that these students can generate in a family, school or community.

This study was organized around five elements or activities which are involved in the educational experience of every behaviorally handicapped student: the referral process; initial assessment strategies; IEP elements; program qualities, and evaluation of progress.

4.1 The Referral Process

Teachers and administrators frequently question the appropriateness of referring a child to the PET for evaluation when their primary concern is the child's classroom behavior. Wide differences exist among school districts and even among schools within a district regarding referral practices.

Elementary schools often define social behavior problems as requiring special education interventions while at the junior and senior high school levels similar behavior is defined as needing discipline or punishment. This study sought to determine at what grade levels, and for what reasons students who were later classified as behaviorally handicapped were initially referred for evaluation. The historical aspects of students' functioning in school and in the community prior to referral was also examined.

4.2 Initial Assessment Strategies

The definition of behavior as a handicapping condition is obviously subjective and open to many interpretations. In addition, it is believed by some experts that...

> "There are no tests that measure personality adjustment, anxiety, or other relevant psychological constructs precisely enough to provide a sound basis for definition of emotionally disturbed (Kauffman, 1981, pg. 16)."

Given this ambiguity, the study sought to determine what assessment strategies were used to support the identification of a student as behaviorally handicapped in Maine schools.

4.3 IEP Elements

The treatment of emotional and behavioral problems in children and youth has typically been the domain of psychologists and counselors. Various individual and group therapies were considered necessary to discover and resolve the intrapsychic conflicts which were the primary causes of inappropriate behavior. Only recently have educators begun to assume the position that inappropriate behavior can be managed by manipulating elements of the school environment, and that new behaviors can be taught and learned by the same methods and procedures used to teach students the skills needed for reading and arithmetic. This study sought to determine whether educators were; 1) viewing the teaching of social behavior as an important part of the educational curriculum and of their responsibility; and 2) incorporating related goals, objectives, and procedures in the IEPs of behaviorally handicapped students.

4.4 Program Qualities

Maine school districts vary widely in the diversity of programs offered to meet student needs. This diversity is also apparent in special education services. Some school districts have access to a full continuum of services. Others only offer the support of a resource program, except when behavior is serious enough to warrant residential placement. The study sought to determine the attributes of programs provided to behaviorally handicapped students in a limited sample of Maine public schools.

4.5 Evaluation of Progress

The effectiveness of a remedial/corrective program is judged, in part, by measurement of students' progress. IEPs are reviewed annually, and handicapped students are reevaluated at least every three years to determine the appropriateness of their placement and to measure their progress. The study sought to determine the types of assessment strategies used in Maine schools to measure program effectiveness and student progress.

5.0 Methodology

The data required to meet the goals of this project was obtained from a survey of the records maintained in thirty-eight different school districts across the state. The process of selecting school districts, student programs, and collecting and organizing data is described in the sections below.

5.1 Sampling Procedures

A representative sample of behaviorally handicapped students was constructed which reflected the variance in community size and types of services offered to this population in Maine schools. Three critical dimensions considered in the selection of a sample were;

a. The relative size of the behaviorally handicapped population reported by individual communities (high,

medium, low).

b. The educational level of the behaviorally handicapped students reported (elementary or secondary).

c. The type of special education program to which behaviorally handicapped students were assigned: resource programs, self-contained special education classrooms, residential treatment programs).

5.1.1 Selection of school units to be surveyed

One hundred and ninety-four (194) school units reported from 1 to 403 students as behaviorally handicapped to MDECS during the 1981-1982 academic year. In order to explore the many kinds of programs provided to these students in school units of varying sizes, reporting school units were placed in rank order by the number of students reported. This rank order was then divided into three subgroups each consisting of the same number of students reported as behaviorally handicapped. This resulted in a grouping of larger school units reporting 46 to 403 students (group A); smaller school units reporting 16 to 42 students (group B); and those reporting 1 to 14 students (group C). These subgroups, the number of reporting units within each subgroup, and the total number of behaviorally handicapped students reported are summarized in Table 5.1a

Given the personnel and time limitations of this study, it was determined that data would be collected from twenty percent of the total number of reporting units. The number of units to be surveyed was therefore reduced by 80% in each group. Group A

(high reporting) consisted of 4 units; group B (medium reporting) consisted of 10 units; and group C (small reporting) consisted of 24 units. The actual school units which constituted each group were selected using a table of random numbers. Data was collected from a total of thirty-eight school units distributed evenly across the state, which reported behaviorally handicapped students to MDECS.

5.1.2 Selection of behaviorally handicapped students

It was determined that the personnel, time and resources of this project would allow for examinations of the placement and programs of about 100 students. Hence, the total number of students reported by each subgroup was reduced to 2.5%. The individual responsible for the maintenance of special education records in each school unit was requested to provide a listing of students who were designated by the PET as behaviorally handicapped and receiving services in a resource program, special class program, or residential treatment center. Students were randomly selected from these lists to fill each of the cells in Table 5.1b. The number in each cell represents the actual number of students whose programs were examined by the study. Lack of records or insufficient records caused the reduction of the number of students surveyed from 100 to 94.

In summary, the educational programs of 94 behaviorally handicapped students receiving educational services in Maine were systematically selected for study. The sample represents high, medium, and low, referring school districts; elementary and

secondary students; and resource, special class, and residential treatment programs. School districts and behaviorally handicapped students were selected randomly within specified parameters in an effort to avoid selection bias and represent the diversity of urban and rural communities in Maine.

5.2 Data Collection

The data required to achieve the goals of the project was found in the cumulative record or special education file maintained for each behaviorally handicapped student and/or was known to the Director or Coordinator of Special Education Services in each community. A data collection form was devised to assist trained data collectors in locating and coding the available data in a usable format. The first section of the data collection form requested information generally known to the Director or Coordinator and was mailed in advance of the visit of a trained data collector.

Four individuals were trained in the data collection process and traveled to the selected schools during the spring of 1983. Thirty to forty minutes was required to complete the data collection on each student. Data gathered was synthesized and organized for this report by the principal investigator.

Table 5.1a

Subgroups of school districts reporting behaviorally handicapped students to MDECS from which sample was selected

Reporting Unit Subgroups	Units Within Subgroups	Range of BH Students	Total Number of BH Students Reported
A (High)	19	46-403	1,773
B (Medium)	53	16-42	1,444
C (Low)	122	1-14	608
Totals	194		3,825

Table 5.1b

Numbers of behaviorally handicapped students selected from each subgroup by level and service provided

	Elementary Programs			Secondary Programs			
Subgroups	RP	SC	RTC	RP	SC	RTC	Total
A (4 High Units)	8	8	8	8	8	2	42
B (10 Med. Units)	6	5	6	6	6	5	34
C (24 Small Units)	3	3	3	3	3	3	18
Totals			50		+		44 = 94

6.0 Results

In the sections below the data collected is summarized and presented as it related to the major foci of the study:

Topic	Section
The Referral Process	6.1
Initial Assessment Strategies	6.2
IEP Elements	6.3
Program Qualities	6.4
Evaluation of Progress	6.5

6.1 The Referral Process

The provision of educational services to a behaviorally handicapped student is contingent upon the results of assessment, the agreement of parents, and the recommendations of the PET, and the approval of the Superintendent of Schools. First, however, a referral must be initiated by a parent or teacher, based on their recognition that a student's behavior is atypical, interferes with his own learning or the learning of others, and/or represents needs which cannot be met in the regular classroom setting. The records of the ninety-four subjects of this study were analyzed to determine; when most referrals occur; which individuals typically initiate referrals; the reasons for referral; the family status of the student at the time of referral; the occurrence of critical incidents; and the school and community services which are present, or have been used prior to referral.

6.1.1 When Are Referrals are Made?

The file of each student was examined to determine the date of initial referral to the PET. The files of younger students referred within the last five years usually contained original referral forms. Older students' files typically contained case summaries or annual evaluation reports which provided data relevant to initial referral.

Figure 6.1a illustrates the percent of each group (resource, special class, residential treatment) which was referred at each grade level.

Further analysis of this data indicates that a majority of each group was initially referred for special education services prior to the end of the third grade. Summations of the referral data at the end of the third grade and again at the end of the sixth grade are reflected in Table 6.1b. A larger percentage of students requiring residential treatment programs are referred earlier in their school careers. Students in need of special class programs are the second most frequent referral of these groups, followed by those requiring resource programs.

These data would support the sample-relevant conclusions that:

- Most students who receive special education services for behavioral handicaps are referred prior to the end of the third grade.
- Students who are assigned to more restrictive placements (residential treatment) are referred

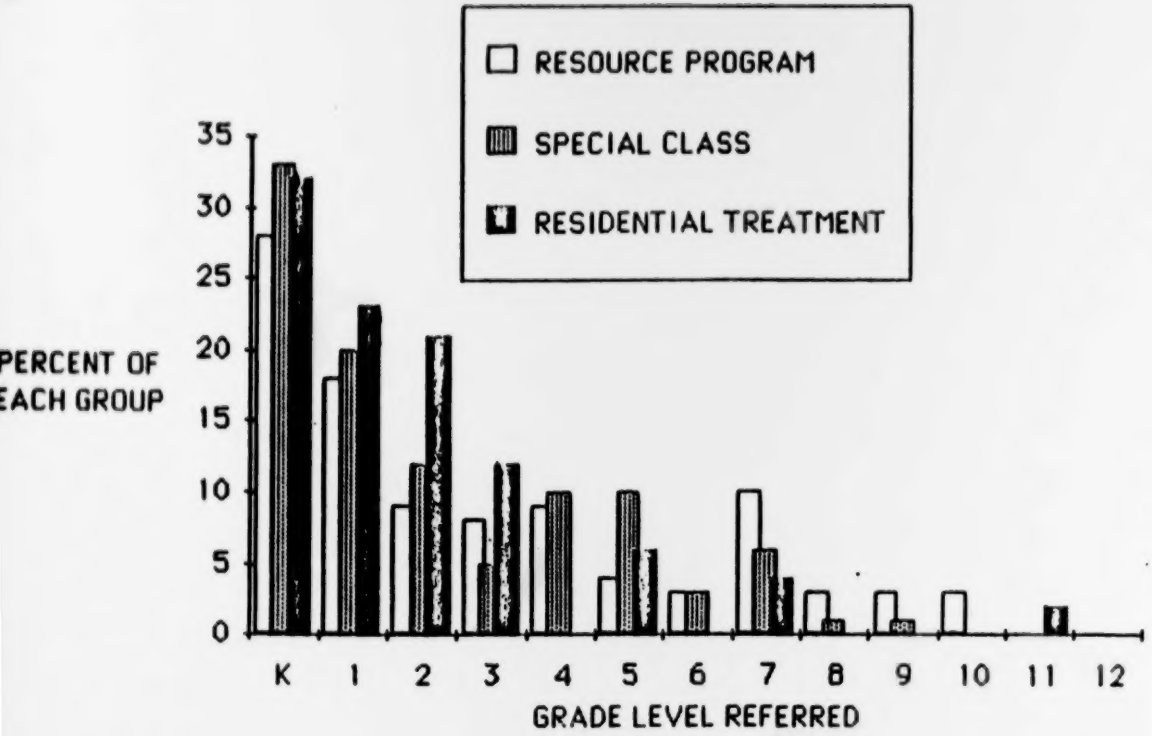
RESOURCE PROGRAM
SPECIAL CLASS
RESIDENTIAL TREATMENT
PERCENT OF EACH GROUP
35
30
25
20
15
10
5
0
K
1
2
3
4
5
6
7
8
9
10
11
12
GRADE LEVEL REFERRED

Figure 6.1a

earlier in their school careers than students assigned to less restrictive placements (resource programs).

6.1.2 Which Individuals Initiate Referrals?

A student can be referred to the PET by parents, any professional school personnel, or by a community agency. The data gathered was examined to determine who most frequently referred students in the sample who were later categorized as behaviorally handicapped. These data are summarized in Table 6.1c.

The majority of students referred for special education services were referred by their classroom teachers. This finding holds true for all students in the sample. Parents were the second most frequent referring agent followed by community agencies, principals and guidance counselors.

6.1.3 What Reasons Prompt Initial Referral?

Most referral forms or "Requests for Evaluation" ask for a brief description of the reason for referral. This description is intended to provide a starting point for the assessment process and generally convey the teacher's perception of the student's problem to a guidance counselor, resource teacher, school psychologist or other support personnel.

As part of the data collection process for this study the "reasons for referral" were copied directly from each student's file. Analysis of this data consisted of categorizing reasons for referral into seven general categories. Table 6.1d displays the percentages of behaviorally handicapped students in the sample

Table 6.1b

Percent of students in each service group who were referred by the end of third grade and sixth grade

Referred by the end of	Resource Room	Special Class	Residential Treatment
3rd grade	53%	68%	85%
6th grade	76%	87%	92%

Table 6.1c

Percent of students in each service group referred by selected individuals and agencies.

	Percent of Students Referred		
Referral Source	Resource Program	Special Class	Residential Treatment
Regular Class Teacher	64%	73%	89%
Principal	3%	4%	0%
Guidance Counselor	3%	4%	0%
Community Agency	0%	11%	0%
Parents	16%	8%	0%
No Information	0%	0%	11%

which were assigned to resource programs, special classes, and residential treatment programs who were referred by their teachers for specific reasons. It should be noted that students who are categorized as behaviorally handicapped are often initially referred for more than one reason. In this sample, forty-five percent of the entire sample was described by their teachers as in need of special education services for two or more reasons.

The descriptors which appear in Table 6.1d are not the results of careful assessment strategies. Instead, they represent classroom teachers' rationale for requests for assistance and support. If it is assumed that the students surveyed were ultimately placed in the most appropriate educational program, then the predictive validity of teachers' initial judgments is supported by the following analysis.

The data in Table 6.1d indicates that aggressive/acting-out behavior, poor achievement, and attention difficulties are the most frequent "reasons for referral" described by teachers on referral forms. Further analysis of these data indicate that, for students enrolled in resource programs, the description "aggressive/acting-out" was most frequently accompanied with a description of achievement problems. The teachers' descriptions of students in both special class and residential treatment most frequently included aggressive/acting-out behavior and attention difficulties. Finally, "aggressive/acting-out" most frequently occurred as a single descriptor for students in residential treatment, followed next by those in special class programs, and

last by those in resource programs.

6.1.4 Other Related Conditions Existing Prior to, and During the Referral Process

a). Family Status

An examination of cumulative file data and interviews with special education personnel in each school district produced information about the family status of referred students which is displayed in Table 6.1e below.

Students assigned to resource programs, special class programs, and residential treatment centers all tended to be from two parent homes, followed by single parent homes and foster homes.

b). Critical Incidents

The records of each student were examined to determine whether or not critical incidents preceded and may have precipitated referral to the PET. A critical incident was defined as any behavior or event which was anecdotally described in a student's cumulative file within two months prior to a referral as an example of his or her inappropriate behavior.

In the thirty-five files of students assigned to resource programs, critical incidents were described in only four (11%) files. The thirty-one files of students in special class programs revealed eight files (26%) with descriptions of critical incidents. Fifteen files (54%) of the twenty-eight files of

Table 6.1d

Percent of students in each group referred for specified reasons. (Multiple reasons may apply to each student.)

	Resource Programs N=35	Special Class N=30	Residential Treatment N=24	Total Group N=89
Aggression/Acting-out	82%	68%	82%	77%
Poor Achievement	28%	20%	27%	25%
Attention Difficulties	12%	24%	32%	23%
Withdrawal	18%	8%	9%	11%
Speech/Language Dysfunctions	0%	4%	27%	6%
Perceptual Dysfunctions	6%	4%	9%	6%
Immaturity	6%	4%	5%	8%

Table 6.1e

Percentage of students in three-family status categories at time of initial referral

	Resource Programs N=35	Special Class N=30	Residential Treatment N=24	Total Group N=89
Two parent families	61%	75%	56%	64%
Single-parent families	39%	21%	38%	32%
Foster homes	0%	4%	0%	1%
No data	0%	0%	6%	3%

students assigned to residential treatment centers provided evidence of critical incidents.

Critical incidents are not documented in the files of most behaviorally handicapped students prior to their referral to the PET. However, twenty-nine percent of all files examined did describe critical incidents. The frequency of critical incidents in each group (resource program, special class, and residential treatment) varied in an expected direction. That is, critical incidents were more commonly found in the files of more severely handicapped students later assigned to residential treatment centers. Students later assigned to special class programs represented fewer critical incidents, and those assigned to resource programs, the least amount.

c). Involvement of Social Agencies Prior to Referral

Schools provide educational services to behaviorally handicapped students, but other social services may also be required by these students or their families. Data gathered during this study sought to determine the extent to which behaviorally handicapped students and/or their families were involved with state and community services prior to referral. These data are reflected in Table 6.1f.

Table 6.1f reveals that a total of 34 of the students (36%) in the sample and/or their families were involved in state and/or community services prior to the referral of the student to the PET. Further analysis of the data demonstrates that 17 (50%) of those reporting involvement with state and/or community agencies

Table 6.1f

Number of behaviorally handicapped students involved in state and community agencies prior to referral. (Some students reported contact with multiple services.)

	Community Counseling Center	Dept. of Human Services	Early Childhood Program	Hospital Services	Speech and Hearing	No Services Reported
Resource Program						
Elem. N=17	7	--	--	--	--	10
Sec. N=18	2	--	--	--	--	16
Special Class						
Elem. N=16	1	2	6	1	--	7
Sec. N=15	2	2	--	--	1	12
Residential Treatment						
Elem. N=16	3	1	2	--	--	6
Sec. N=12	2	--	--	1	1	8
Total N=94	17	5	8	2	2	59

34 students involved in state and community services

prior to referral were involved with a community mental health or counselling center. Involvement in state funded early childhood projects was second most frequent, encompassing 8 students or 24% of this group. Fifteen percent (5 students) were involved with the Department of Human Services. The remaining 12% (4 students) were equally involved in the services of hospitals, private therapists, speech and hearing centers, and the Department of Corrections.

Services provided by social agencies included assessment, group and individual counselling, speech therapy, and educational day programs. Two students received social services related to foster home placements.

The pre-referral involvement of social services in the lives of many students (36% of this sample) is a clear indicator that problems exist in the broader context of students' lives, encompassing their families and communities. More complete records may have revealed a much higher percentage of students involved in social services prior to referral.

d). School Suspensions

Suspension from school is a disciplinary action used for only the most serious offenses. Students who were later placed in special education programs due to behaviorally handicapping conditions might be expected to have been suspended prior to placement. An examination of the data gathered on the subjects of this study produced the following results:

- Only four (11%) of the students assigned to resource programs had been suspended.
- Four (13%) of those students later assigned to special class programs had been suspended.
- Seven (25%) of the students later placed in residential treatment centers had been suspended.

The reasons students were suspended varied somewhat, but generally could be described as aggressive and avoidance behaviors. Aggressive behaviors included fighting, swearing, pushing and yelling at teachers, and throwing books, chairs and desks. Avoidance behaviors, include skipping detention and leaving school without permission.

Records of suspension were anecdotal and somewhat inconsistently maintained in most school records which were examined by this project. These inconsistencies may have influenced the results described above by underestimating the number of suspensions in the sample.

6.2 Initial Assessment Strategies

The definition of behavior as a handicapping condition provides little direction to those concerned with assessment and placement decisions. To determine how PETs were performing this task, the record of each student was examined to determine what data existed, or was used, to substantiate the decision that the student was behaviorally handicapped. Table 6.2a summarizes the results of this examination.

Table 6.2a

Types of test data available to PET for determination of "behaviorally handicapped."

	Learning Process	Achievement Test	IQ Test	Personality Test	Observation of Behavior	Behavior Rating Scale	Interview
Resource Program							
Elem. N=17	3	7	9	3	1	0	0
Sec. N=18	8	13	13	4	3	0	0
Special Class							
Elem. N=16	5	10	10	3	4	2	0
Sec. N=14	5	12	8	2	0	1	0
Residential Treatment							
Elem. N=16	8	8	14	0	0	5	3
Sec. N= 8	2	6	6	2	0	1	2
Totals N=89	31	56	60	14	8	9	5
Percent of Total	35%	63%	67%	16%	9%	10%	6%
Rank Order	3	2	1	4	6	5	7

Table 6.2a reveals that PETs often make the determination that a student is behaviorally handicapped with virtually no systematically obtained assessment data relevant to behavior. Intelligence tests and tests of achievement produced the most commonly available data for decision making, followed by tests of learning processes. While these tests are important diagnostic tools for all handicapped students, they do not focus on the primary disability, disordered behavior. Tests of personality (self-perceptions, anxiety, self-concept), systematic observations, and behavior rating scales are much more relevant to behavior disorders yet are poorly represented in the sample examined. Observation data was available to PETs for only 9% of the sample, behavior rating scale data for only 10%, and interview data for only 6%. These data indicate that PET decisions were frequently based on experiential data rather than on objective, comparative measures.

6.3 IEP Elements

When a determination is made by the PET that a student is behaviorally handicapped and in need of special education services, an Individual Educational Program (IEP) is written. The IEP is described in Maine's Special Education Regulations (MDECS, 1981) as containing five critical elements: A description of the student's strengths and weaknesses; annual educational goals; short term objectives; needed programs and services; and the means and schedule by which the student's progress is to be measured.

In order to judge the consistency of the PET's determination that a student was behaviorally handicapped with the program described in the IEP, each IEP element was examined for each student in the sample.

6.3.1 Strengths and Weaknesses

It seemed reasonable to assume that IEPs for students who were assigned to special education programs due to behavioral handicaps would list or describe behaviors as weaknesses or deficits. Each record was examined to determine the validity of this assumption. The results of this examination are displayed in Table 6.3a

Teachers' and other PET members' general perceptions of students' needs or weaknesses are reflected in Table 6.3a rather than the results of clinical assessment data. The majority of students (58%) are seen as having both learning and behavior problems. Interestingly, 21% of the behaviorally handicapped students in the sample were described as having learning problems only. These data support the sample-relevant conclusions that:

- Most (58%) students with behavioral handicaps are viewed by their teachers as having significant learning problems.

- Very few behaviorally handicapped students (24%) are described as having only behavior problems.

Table 6.3a

Categories of weaknesses listed on the IEPs of behaviorally handicapped students

	Learning Problem Only	Behavior Problem Only	Learning and Behavior Problem	No Description	Not Available
Resource Program					
Elem. N=17	7	0	10	0	0
Sec. N=19	8	0	10	0	0
Special Class					
Elem. N=16	2		12	1	1
Sec. N=14	4	3	5	2	0
Residential Treatment					
Elem. N=16	0	8	8	0	0
Sec. N= 8	0	1	7	0	0
Totals N=89	21 (24%)	12 (14%)	52 (58%)	3 (3%)	1 (1%)

- Some students (24%) have been designated as handicapped due to their behavior by PETs, yet no aspect of behavior is described as a weakness or deficit on their IEPs.

The implications of these conclusions are discussed later in this report.

6.3.2 Annual Goals and Short Term Objectives

The annual goals and short term objectives section of an IEP establishes parameters for instruction. The annual goals established by the PET represent expectations for the student's school performance in a year's time. Short term objectives are intermediate steps to the achievement of annual goals.

PETs would logically establish annual goals and short term objectives related to behavior for behaviorally handicapped students. Since the majority of behaviorally handicapped students also have learning problems, goals related to academic achievement would also be created. To confirm these expectations, the IEP of each student was examined and the annual goals and short term objectives were noted. These were later classified as related to behavioral change, academic change, or a combination of behavioral and academic change. IEPs were classified as suggesting behavioral change if annual goals and/or short term objectives specified change in social behavior, self-concept, or levels of tension or anxiety. Academic change was defined as any goals or objectives related to the development of cognitive,

academically related skills or knowledge. Table 6.3b displays the results of this process.

The data displayed in Table 6.3b support the sample-relevant conclusions that:

- The majority of behaviorally handicapped students (76%) were receiving educational services designed to impact both behavioral and academic functioning.
- A significant portion of this sample (20%) of behaviorally handicapped students were receiving educational services designed to foster change in academic skills and knowledge, but unrelated to the primary handicapping condition of behavior.
- A very small percent of students in this sample (4%) were receiving services designed only to foster behavioral change. All of these students were assigned to residential treatment centers.

The implications of these findings are discussed later in this report.

6.4 Program Qualities

By definition, the behaviorally handicapped students constituting the sample of this study were assigned to one of three educational placements; resource programs, special class programs, and residential treatment programs. As part of the study, data was collected related to the handicapping conditions

Table 6.3b

Classification of goals and objectives from the IEPs of behaviorally handicapped students

	Goals and Objectives Related to...		
	Behavior & Academics	Academics Only	Behavior Only
Resource Program			
Elem. N=17	13	4	0
Sec. N=18	12	6	0
Special Class			
Elem. N=15	11	4	0
Sec. N=14	10	4	0
Residential Treatment			
Elem. N=14	12	0	2
Sec. N=12	10	0	2
Total N=90	68 (76%)	18 (20%)	4 (4%)

of other students also assigned to these programs; the amount of time behaviorally handicapped students in the sample spent in these settings; and the qualifications of the special education and regular education teachers responsible for these behaviorally handicapped students. These data are described below.

6.4.1 Composition of programs by handicapping condition

All three program-types provided educational services to more than just behaviorally handicapped students. Table 6.4a displays the percent of the major handicapping conditions represented by students enrolled in the same programs as the behaviorally handicapped students in the sample.

Table 6.4a illustrates an emphasis on learning disabilities in resource programs at the elementary level which does not exist at the secondary level where the primary focus is behavior disorders.

6.4.2 Time spent in assigned programs and mainstream activities.

The study sought to determine the amount of time behaviorally handicapped students spend in special education and mainstream activities. Teachers and Directors were asked to report the number of hours per week each student spent in each type of activities. Table 6.4b displays a summary of the data collected.

It is interesting to note that students assigned to special class programs, which historically have been described as "self-contained" are, in fact, included in some mainstream

Table 6.4a

Mean percentage of handicapping conditions represented in placements in which sample was enrolled

	Behaviorally Handicapped	Learning Disabled	Mentally Retarded	Other Handicaps
Resource Program				
Elem. N=17	23%	51%	18%	8%
Sec. N=18	54%	29%	14%	3%
Special Class				
Elem. N=16	60%	19%	10%	11%
Sec. N=15	80%	12%	8%	0%
Residential Treatment				
Elem. N=16	86%	13%	--	--
Sec. N=12	92%	8%	--	--

Table 6.4b

Percent of the school week behaviorally handicapped students assigned to special education programs spend in assigned programs and mainstream activities

	Distribution of Time		
	Resource Program	Special Class Program	Mainstream Activities
Resource Program			
Elem.	22%		78%
Sec.	34%		66%
Special Class			
Elem.		70%	30%
Sec.		74%	26%

activities.

6.4.3 Teacher characteristics and qualifications

General information about the self-contained classroom teachers, resource teachers and regular classroom teachers who shared the responsibility for the education of the behaviorally handicapped students in this sample was also requested from the Directors or Coordinators of the Special Education programs sampled by the study. These data are summarized in Table 6.4c.

Elementary level resource teachers in this sample are typically certified in the area of Learning Disabilities. At the secondary level, the predominant certification of resource teachers is in the area of Emotionally Handicapped.

Information about sixteen elementary-level regular class teachers who had major responsibility (more than 50%) for behaviorally handicapped students who were also assigned to resource programs was collected. There were seven male and nine female teachers with an average of 13.7 years of teaching experience. Two of these teachers reported training in special education. The maximum special education training received by this group was 3 credit hours, or the equivalent of one college course.

It appears that, for this limited sample, most behaviorally handicapped students enrolled in elementary level resource programs received special education programs from teachers who generally had obtained certification in the field of Learning Disabilities. During the major portion of the school day, which

Table 6.4c

Characteristics and Certification held by teachers of behaviorally handicapped students

	Resource Teachers		Special Class Teachers	
	Elem. (N=13)	Sec. (N=14)	Elem. (N=17)	Sec. (N=10)
Males	3 (23%)	3 (21%)	13 (76%)	0
Females	10 (7%)	11 (79%)	14 (82%)	10 (100%)
Avg. Experience	8.0 yrs.	6.4 yrs.	9 (53%)	4
*Certificates:				
EH	1 (8%)	9 (64%)	12 (71%)	3 (30%)
LD	6 (46%)	7 (50%)	4 (24%)	6 (60%)
EMR	2 (15%)	--	7 (41%)	9 (90%)
TMR	2 (15%)	--	1 (6%)	--
Gen.	2 (15%)	3 (21%)	--	--
Psych. Ex.	2 (15%)	--	--	--
Dir.	--	2 (14%)	--	--
Speech	--	--	--	1 (10%)

*Some teachers reported more than one certificate

these students spent in regular classrooms or mainstream activities, their time was structured and directed by regular class teachers who had little or no training in special education.

6.5 Evaluation of Progress

Maine law requires that each IEP be reviewed annually and that handicapped students be reevaluated every three years. Data which compares achievement and behavior before and after special education placement is necessary to determine whether or not a particular intervention is effective. In the process of collecting data for this study, tests and other evaluation strategies used for annual review and reevaluation of students' progress within three years of their placement date were noted. This data is described in Table 6.5a.

Eighty percent of the behaviorally handicapped students in the sample had been evaluated within three years of placement in a special education program. Achievement tests and tests of intelligence were most frequently reported as the evaluative measures used to determine students' progress. Behavior rating scales, and direct observation were least frequently reported.

Table 6.5a

Number and types of tests administered to sample for evaluation of progress. (Some students were administered more than one test.)

	Learning Process	Achievement Test	IQ Test	Personality Test	Observation of Behavior	Behavior Rating Scale	Interview of Student	No Assessment Reported
Resource Program								
Elem. (N=17)	2	12	6	6	0	0	0	0
Sec. (N=18)	0	4	3	2	0	0	0	2
Special Class								
Elem. (N=16)	1	6	4	3	0	1	1	6
Sec. (N=15)	0	10	12	3	0	0	0	3
Residential Treatment								
Elem. (N=16)	2	7	5	1	0	0	2	4
Sec. (N=12)	0	6	3	1	0	0	2	4
Totals (N=94)	5	45	33	16	0	1	5	19
Percent of Total	5%	48%	35%	17%	0%	1%	5%	20%
Rank Order	5.5	1	2	4	8	7	5.5	3

7.0 Summary

This report provides an overview of the education of behaviorally handicapped students in Maine and consists of two main sections. The first section presents statistics related to the prevalence of behaviorally handicapped students, the types of educational programs they receive, the costs of special education, and the certification and supply of special education teachers.

The second section describes a study of a selected sample of behaviorally handicapped students who were receiving special education programs in Maine in the Spring of 1983. The study examined the antecedents of referral, the referral process, assessment procedures, and the major components of the IEP for students assigned to resource programs, special education classrooms and residential treatment centers.

Below, the conclusions of each section of the study are summarized, implications are described, and recommendations suggested.

7.1 The Referral Process: Summary of Conclusions

Analysis of data collected about the referral process revealed that most behaviorally handicapped students receiving special education services were initially referred to special education prior to the end of the third grade. Students who are currently enrolled in more restrictive placements (residential treatment centers) were referred earlier in their school careers than

students currently enrolled in less restrictive placements (resource programs).

- The data also revealed that classroom teachers and parents were the primary referral sources, and that aggressive/acting-out behavior, poor achievement, and attention difficulties, in descending order, were the primary reasons for initial referral.

- Prior to referral for special education services a majority (64%) of the students in this sample lived in two parent families. Thirty-two percent lived in single parent families.

- Approximately one third of the sample reported contact with state and community services, and fifty percent of this group were involved with a community counseling center.

- Critical incidents preceded referral in only twenty-nine percent of the cases examined. A higher frequency of critical incidents was reported with students later assigned to more restrictive settings (residential treatment), and a lower frequency of such incidents was found in students assigned to less restrictive settings (resource programs).

- Suspensions were seldom reported for students in the sample. However, those which were reported varied in the expected direction. That is, students later assigned to residential treatment centers were suspended more frequently than those

assigned to resource programs.

7.1.1 Discussion and Implications

This study of the pre-referral conditions of a sample of behaviorally handicapped students has several implications for the early identification and case management of students who may be behaviorally handicapped.

First, since the largest number of students were referred prior to the third grade, it is critically important for pre-service teachers of pre-school and primary elementary children to be well informed and highly trained in the identification of behaviorally handicapped students, and in the process of special education referral and placement. The accuracy of practicing teachers' judgments cannot be assessed with the data of this study. Teacher certification requirements in Maine do not require special education training of any kind for non-special education teachers or administrators at any level. Changes in certification requirements, particularly those for pre-school and primary teachers are is strongly suggested, since the first years of school result in the highest number of referrals.

The most frequent reasons that students were referred for special education services were aggressive/acting-out behaviors, and distractability. These suggest that teachers, particularly those of preschool and primary grades, should be skillful in behavior management and behavior change strategies which would include the direct teaching of social skills, cognitive planning,

and self-control. Adept use of social-behavioral curricula and techniques might decrease the need to place as many students in special education programs in their early years, and capitalize on the effects of growth and development.

Only a third of the sample of this study reported involvement with state or community agencies prior to referral, and most of this involvement was with community counseling centers. This low percentage may have resulted from lack of availability or accessibility of services. It may also have been the result of school personnel being unaware of community services which might prove helpful to behaviorally handicapped students and their families. It is important for teachers and other school personnel to provide students and their families with information about the availability of supportive state and community agencies. The problem of behavioral disorders is usually much larger than a school problem, and additional professional assistance is essential. In addition, collaborative efforts between parents and school personnel are needed in the very early stages of behavior problems.

7.2 Initial Assessment Strategies: Summary of Conclusions

- PETs often make the determination that a student is behaviorally handicapped without systematically obtained assessment data relevant to behavior.

- Tests of intelligence, achievement and learning processes are most frequently used by PETs when determining that students are

behaviorally handicapped.

- Observations, interviews, and teacher rating scales are the least frequently used assessment strategies with behaviorally handicapped students.

7.2.1 Discussion and Implications

The paucity of behavioral assessment data used by PETs to determine that students were behaviorally handicapped may be a reflection of several problems. First, the flexibility of the Maine Department of Education and Cultural Service criteria for defining behavior as a handicapping condition may be an important factor (See section 2.1). Providing more specific guidelines and models for assessing behavioral handicapps would do much to alleviate this problem.

Another factor in this problem may be teachers' lack of information and skills in specific strategies for the observation and assessment of behavior. Preservice training in observation skills, the selection and use of appropriate teacher rating scales, interviewing, and analysis of cumulative file data would begin to remedy this problem. Development of several assessment models appropriate for use with behaviorally handicapped students, to be distributed through state sponsored inservice training, might also improve this situation. Clearly, carefully selected and skillfully used assessment strategies are essential antecedents to the well formulated goals and objectives which form the basis of an educational program for a behaviorally

handicapped student..

7.3 IEP Elements: Summary of Conclusions

- The majority (58%) of students in the sample were generally viewed by their teachers as having significant learning problems in addition to behavioral handicaps.

- A significant number (24%) of IEPs written for students in the sample contained no mention of behavior as a weakness, or deficit. The IEPs of students assigned to residential treatment centers did not appear in this group.

- The IEPs of 76% of the sample contained goals and objectives designed to impact both behavioral and academic functioning.

- The IEPs of 20% of the sample described goals and objectives designed to foster change in academic skills and knowledge, but unrelated to the primary handicapping condition of behavior.

- The IEPs of 4% of the sample described goals and objectives designed solely to foster behavioral change. Interestingly, these IEPs were written for students assigned to residential treatment centers.

7.3.1 Discussion and Implications

The IEP provides a useful framework for planning a special education program for any handicapped student. However, a high

degree of internal consistency is necessary if it is to be effectively used. That is, each component of the IEP should reflect the preceding component(s). Strengths and weaknesses should be related to assessment activities which, in turn, should be reflected in the interrelated goals, objectives, instructional activities, and evaluation plan.

With the exception of the IEPs developed by residential treatment centers, few IEPs examined in this study demonstrated an effective level of internal consistency. Intervention strategies were not based soundly on assessment data. Strengths and weaknesses often did not reflect the primary handicapping condition of behavior, and evaluation of progress was significantly hampered due to inadequate measurement at the outset of students' programs.

It seems clear that the problem solving structure of the IEP needs to be reinforced in many school districts, particularly as it is used with behaviorally handicapped students. Teachers may need training in describing strengths and weaknesses in students' social behaviors. Training may be necessary to improve their ability to design and conduct assessment which focuses on behavior, and to translate assessment findings into useful, behaviorally focused goals and objectives.

The limited data collected in this study demonstrates that personnel in residential treatment centers appear to have developed skills in the development of IEPs for behaviorally handicapped students. Individuals from these centers might be used to provide training in IEP development.

7.4 Program Qualities: Summary of Conclusions

- Elementary resource programs, in which behaviorally handicapped students are assigned, also enroll a predominance of learning disabled students. Secondary resource programs, in contrast, enroll a predominance of behaviorally handicapped students.

- Students in both elementary and secondary special class programs are mainstreamed an average of 28% of their school day.

- Elementary resource teachers responsible for the behaviorally handicapped students in this sample were predominantly certified in the area of Learning Disabilities.

- Secondary resource teachers were certified in the area of Emotionally Handicapped.

- Regular education teachers who had significant responsibility for the educational programs of students in the sample had little or no special education coursework or training.

7.4.1 Discussion and Implications

The fact that most elementary resource teachers in the sample were certified in Learning Disabilities prompts questions about the appropriateness of such resource programs for behaviorally handicapped students. Other data in this study suggests that

elementary resource programs tend to focus both assessment and remediation on learning problems to the exclusion of behavioral problems. Although behaviorally handicapped students may need academic remediation, their primary handicapping condition must not be ignored. All resource teachers must receive training which includes the assessment and remediation of behavioral problems if this problem is to be solved.

The differences between elementary and secondary resource programs were apparent in the data gathered for this study. Other than the basic concept of providing support to handicapped students, there are few similarities. Perhaps the fact that most elementary resource teachers were certified in Learning Disabilities, while secondary resource teachers were certified in Behavior Disorders is representative of these differences. A careful examination of the interface between elementary and secondary special education programs should be conducted to determine whether or not it is possible for behaviorally handicapped students to make a smooth transition between the these levels.

Regular education teachers are responsible for a major portion of the educational programs of behaviorally handicapped students, particularly those assigned to resource programs. Since behavioral handicaps are much more apparent in the regular classroom than in the small group and one-to-one setting of the resource room, some training and awareness of the nature of specific behaviorally handicapped students is needed. Regular classroom teachers should be able to distinguish between minor

discipline problems and problems which may be indicative of significant behavioral handicaps. They should be thoroughly briefed in behavior management strategies appropriate for behaviorally handicapped students in their classrooms. In addition, they should be aware of the supportive services available in their efforts to provide effective instruction to these students.

7.5 Evaluation of Progress: Summary of Conclusions

- Achievement tests and tests of intelligence were the most frequently used measures of progress for students in the sample.

- Observations of behavior, teacher rating scales, and interviews were the least frequently used measures of progress.

- Few changes in students' educational programs were made as a result of evaluation data.

7.5.1 Discussion and Implications

Progress must be measured against a standard. In determining whether or not a special education program for behaviorally handicapped students is effective, data related to behavior must be gathered during initial assessment, and compared with data gathered by the same means at the time of evaluation. In the study, little information collected for evaluation was related to the primary handicapping condition of behavior. Behavior rating

scales, observations, and interviews were the least frequently reported evaluation strategies used.

The absence of complete and accurate assessment data related to students' behavioral handicaps makes the development of well focused special education and behavior management programs difficult to design and implement. Further, progress toward a goal or objective is impossible to determine without a benchmark for comparison.

Information and training of educational personnel in the assessment of behavior problems is a clear need. Many different observation systems, rating scales, and interview formats exist which might serve these purposes. In addition, resources beyond the school, specifically, parents and others in the community might contribute valuable perspectives that are currently not being tapped. However, selection and organization of the appropriate assessment strategies and instruments will require specific direction and training.

8.0 Closing Statement

The size of the sample selected for this study, though representative of Maine's urban and rural areas, and of the primary types of special education services provided to behaviorally handicapped students, is too small to assure generalization of conclusions beyond the sample itself. However, the issues raised, and problems highlighted by the data are well known to most special educators and to these investigators. The study serves to confirm the existence of these problems and issues and has left many subjective impressions, not directly related to the data, which are shared below.

The overall impression left by the data collection process and by many conversations with special class teachers, resource teachers, residential treatment personnel and others is that the education of behaviorally handicapped students in Maine is in need of improvement. Certain problems seem of paramount importance.

Determining which students need special education programs for behaviorally handicapping conditions is one major problem. A general feeling of frustration with the State guidelines for defining behavior as a handicapping condition is widespread. Identification and assessment strategies vary markedly from district-to-district. Definition often seems to be by default. If a referred student is not defined as mentally retarded or learning disabled, the probability that he or she will be defined as behaviorally handicapped is very high. The difference between

behavior as a handicapping condition deserving of special education intervention, and behavior as a discipline problem seems to be one of teacher and principal needs, and school priorities, rather than a determination based on student needs. The lack of clear discipline policies in many schools may contribute to this confusion.

Assessment and evaluation are additional critical problem areas. Strategies exist which would adequately define the nature and extent of behaviorally handicapping conditions. However, they are not being used. Without a clear measure of a problem at the outset of an intervention program, there can be no effective measurement of progress.

Closely related to the problem of assessment is that of writing goals and objectives related to students' behavioral needs. Special educators have developed a high level of skill in writing goals and objectives for academic needs, but their proficiency in the areas related to inter- and intra- personal behaviors appears to be lacking. Since goals and objectives chart the direction of an educational program, and play an essential role in evaluation of progress, a serious need for skill development exists in this area.

The identification, assessment and evaluation of behaviorally handicapped students, and the writing of relevant goals and objectives are problem areas which can be approached directly through training. Competent models should be identified and demonstrated in both the preservice and inservice training of teachers.

The services provided to behaviorally handicapped students in Maine are of inconsistent quality at best. A heavy reliance on conditionally certified teachers and teachers trained and certified in Learning Disabilities are primary factors contributing to this problem.

Generally, it appears that services provided to more severely behaviorally handicapped students are more organized and directed than those provided to mildly and moderately handicapped students. Perhaps residential treatment centers, regional day programs, and self-contained classrooms for behaviorally handicapped students are able to amass the resources needed for their task more easily than resource programs. Yet resource programs provide educational services to more behaviorally handicapped students than any other type of program.

The majority of behaviorally handicapped students are placed in resource programs at the elementary level which are essentially oriented toward the education of learning disabled students. In the one-to-one and small group setting of the resource program, the behavioral problems which are readily apparent in the regular classroom, do not exist. As a result, many of the resource programs examined by this study provided academic support through remediation, often ignoring the primary handicapping condition of behavior.

Some behaviorally handicapped students with more severe problems are placed, for a major portion of their school day, in resource programs which also function as self-contained classrooms (composite rooms). This setting is characterized by a

constantly changing peer group and a teacher who must also provide individualized instruction for 20 to 30 resource students who flow in and out of the resource program daily. Although the opportunity for individualized academic instruction is realized, this high level of transition makes work with social relationships, self-control, social skills, and other behavioral areas is less likely to occur. In addition, those students who spend most of their day in a composite room are deprived of consistent peer relationships, positive role models, and the richness of an integrated curriculum which exist in regular classrooms.

At the secondary level, disordered behavior is more likely to be viewed as a discipline problem than as a handicapping condition. Considerable confusion exists as to whether substance abuse and juvenile delinquency constitute behavior as a handicapping condition, or problems to be dealt with through punishment and control measures. Secondary resource programs face difficult odds in their attempts to support students in an academic atmosphere which is less tolerant of behavioral and academic differences than that which exists at the elementary level.

This examination of the education of behaviorally handicapped students in Maine highlighted several important problem areas. However, the solutions to many of these problems can also be found in Maine. Many innovative programs exist across the State which have developed successful approaches to the education of behaviorally handicapped students. Unfortunately, the knowledge

and skills generated by these innovative efforts are seldom assembled for organized dissemination.

Leadership, collaborative planning and an effort to identify and positively exploit successful and innovative models are needed to solve these problems. Collaboration is essential among key groups such as; MDECS-Division of Special Education, the Department of Mental Health and Mental Retardation, the University of Maine campuses, the Maine Association of Directors of Special Education and other groups of parents and teachers.

Some positive efforts have already been made. Among these are the interdepartmental efforts, particularly the work of the Interdepartmental Coordinating Committee (ICC). Efforts to secure passage of the Residency Bill in the last four legislative sessions, funding of a Child Abuse and Neglect Project in Kennebec County, funding a birth to three Prevention Project, funding positions at the Maine Youth Training Center, funding day treatment and other alternative projects, are all efforts which have brought new ideas to the challenge of providing needed services to Maine's behaviorally handicapped children.

The initiation of studies such as "Child Care in Maine: An Emerging Crisis:" the "Report of the Maine Commission to Examine the Availability, Quality, and Delivery of Services Provided to Children with Special Needs," and the "Adolescent Stabilization Project," continue to make us aware that more needs to be done.

The Task Force on Chemical Dependency and Special Education, and the Adolescent Treatment Subcommittee, continue their efforts to find answers to the complex problems posed by the behaviorally

handicapped.

In addition to these administrative and research efforts, it is important to begin to identify some of the many exemplary practices in the education of behaviorally handicapped students which exist in Maine and in New England, particularly those which focus on the problems which have been identified above. Identifying, sharing, and adapting successful practices and models is a complex sequence of tasks which will require leadership, coordination and resources. However, the magnitude of the challenge, and the ultimate benefits, of providihg effective educational services to behaviorally handicapped students, are deserving of such efforts.

REFERENCES

Kauffman, J.M. (1984). Characteristics of Children's Behavior Disorders (3rd ed.) . Columbus, Oh.: Charles E. Merrill Publishing Co.

Maine Department of Education and Cultural Services, Division of Special Education (1981). Maine's Special Education Regulations Augusta, Me.: State of Maine.

Maine Department of Education and Cultural Services, Division of Special Education (1984a). Special Education Program Report, 1983-1984 . Augusta, Me.: State of Maine.

Maine Department of Education and Cultural Services, Division of Special Education (1984b). Cost of Special Education, 1983-1984 Augusta, Me.: State of Maine.

Maine Department of Education and Cultural Services, Division of Special Education (1984c). Request for Subsidy Allocation of Tuition and Board for Exceptional Children,1983-1984 . Augusta, Me.: State of Maine.

Maine Department of Education and Cultural Services (1984d). State Average Elemenatry and Secondary Cost, 1983-1984 . Augusta, Me.: State of Maine.

Maine Department of Education and Cultural Services, Division of Special Education (1984e). Tuition Rates for Private Day Programs, 1983-1984 .Augusta. Me.: State of Maine.

Maine Department of Education and Cultural Services, Division of Special Education (1984f). Tuition for Residential Treatment Centers, 1983-1984 . Augusta, Me.: State of Maine.

Maine Department of Education and Cultural Services, Divison of Special Education (1983g). Staff Information System, 1982-1983 Augusta, Me.: State of Maine.

Maine Department of Education and Cultural Services, Division of Special Education (1984h). Staff Information System, 1983-1984 Augusta, Me.: State of Maine.

Maine Department of Education and Cultural Services, Division of Teacher Certification (1984i). Vacancy and Registrant Data for 1983 and 1984 . Augusta, Me.: State of Maine.

Maine Department of Education and Cultural Services, Division of Teacher Certification (1984j). Conditional Certificates Awarded for 1982-83 and 1983-84 . Augusta, Me.: State of Maine.

Maine Department of Education and Cultural Services (1981k). Maine Special Education Law, Regulations and Guidelines , MRSA Title 20, Chapter 3123.

U.S. Department of Education, Office of Special Education and Rehabilitative Services (1984). To Assure the Free Appropriate Public Education of All Handicapped Children, Sixth Annual Report to Congress on the Implementation of Public Law 94-142: The Education of All Handicapped Act . Washington, D.C.: U.S. Office of Special Education and Rehabilitation Services.